

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/529416

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS		⊞		⊞		⊞

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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66						
67						
68						
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71			1			
72				1		
73						
74			1			
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85						
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87						
88						
89						
90						
91						
92						
93			1			
94				1		
95			1			
96						
97				1		
98						
99						
100						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←		44	←		←
TOTAL CLAIMS		⊞	49	⊞		⊞